

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>7/20</i>		<i>10-18-10</i>
O.I.P.E. CLASSIFIER	<i>6</i>		<i>10-11-01-01</i>
FORMALITY REVIEW	<i>CT</i>	<i>52708</i>	<i>11-15-01</i>
RESPONSE FORMALITY REVIEW	<i>B-7</i>	<i>897</i>	<i>03-29-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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